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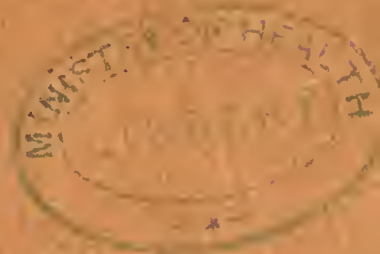
ANNUAL REPORT

of the

**COUNTY MEDICAL OFFICER
OF HEALTH**

for the year

1951



J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.



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COUNTY OF LINCOLN—PARTS OF KESTEVEN

HEALTH COMMITTEE

(Constitution as at 31st December, 1951)

Chairman:

Lieut.-Com. J. CRACROFT-AMCOTTS, D.S.C., D.L.

Vice-Chairman:

Alderman Mrs. G. H. SCHWIND, M.B.E.

Aldermen

T. W. ATKINSON

C. W. BARRAND

Mrs. L. BASFORD

H. DEER

A. EVERETT

F. J. JENKINSON (*ex-officio*)

J. W. MILNER

Sir R. PATTINSON, D.L. (*ex-officio*)

Col. F. D. TROLLOPE-BELLEW,
D.S.O., O.B.E., M.C., D.L.

Councillors

Mrs. J. W. BROWSE

Mrs. E. F. BULLIMORE

R. A. COLLINS

J. D. DAY

C. H. FENELEY

W. GRIFFIN

H. E. HOUGH

G. W. HUTSON

J. IRESON

Rev. C. LETTS

M. OGDEN

F. L. PRESTON

H. K. SCRIMSHAW

H. SKELLS

Mrs. L. M. WARD

Mrs. V. M. P. WEBSTER

CO-OPTED MEMBERS:

Mrs. J. CRACROFT-AMCOTTS

Mrs. B. PALMER

The Hon. Mrs. D. N.

TROLLOPE-BELLEW

Mrs. C. J. WILLOWS

Representing Kesteven Local Medical and Panel Committee:

R. G. NETHERY, M.R.C.S., L.R.C.P.

Representing Kesteven Local Dental Committee:

F. H. WALLACE, L.D.S., R.C.S.(Eng.)

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

County Medical Officer of Health:

School Medical Officer:

Medical Officer for Maternity and Child Welfare and Medical Supervisor of Midwives:

Medical Officer for Mental Health Services:

J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.

Deputy County Medical Officer of Health, Deputy School Medical Officer and Deputy Medical Officer for Maternity and Child Welfare:

T. J. O'SULLIVAN, M.A., M.D., D.P.H., L.M.

Assistant County Medical Officers, Assistant School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (Part-time):

W. ANLEY HAWES, M.B., B.S., D.P.H.

R. M. ROSS, M.B., Ch.B., D.P.H.

V. B. TULLOCH, M.B., Ch.B., D.P.H.

W. PARKER HARRISON, M.R.C.S., L.R.C.P.

Chest Consultants:

H. G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.

G. B. ROYCE, B.S., M.B., Ch.B.

(Joint appointments with R.H.Bs.)

Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards:—

Orthopaedic Surgeons:

J. P. JACKSON, F.R.C.S., M.R.C.S., L.R.C.P.

NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.I.

Ophthalmic Surgeons:

G. M. BARLING, M.B., D.O.M.S.

A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.

W. A. BRIGGS, M.B., B.Ch., D.O.M.S.

S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

Consulting Physician for Rheumatism and Heart Diseases:

J. W. BROWN, M.D., F.R.C.P.

Ear, Nose and Throat Surgeons:

G. W. MOREY, M.B., B.S., D.L.O.

A. A. FINLAYSON, M.B., Ch.B., F.R.C.S.

Dermatologists:

A. D. FRAZER, M.D., D.P.H.

E. C. RITTER, M.B., Ch.B., M.R.C.P.

Senior Dental Surgeon:

V. HOWARTH, L.D.S. (Appointed 1/10/51)

Dental Surgeons: Three Vacancies.

Public Analyst (Part-time):

W. W. TAYLOR, B.Sc., F.I.C.

County Nursing Superintendent:

Non-Medical Supervisor of Midwives:

MISS M. HUGHES

Assistant County Nursing Superintendents:

Miss P. M. PARKER

Miss L. DICK (Appointed 1/10/51)

County Health Visitors:

Mrs. H. M. ANDREWS

Miss M. BRAY

Miss B. C. BROGAN (resigned
20/7/51)

Miss B. BROWN

Mrs. E. HOLLAND

Miss E. M. JONES

Miss E. McNAIR

Miss A. ROOKE (retired
17/10/51)

Miss M. E. STAMFORD

Miss E. M. WOOD

Also 22 District Nurse-Midwives act as part-time Health Visitors

Physiotherapists:

Miss E. A. PECK, S.R.N., C.S.P., M.E.

Mrs. G. E. MELCHERT, C.S.P. (Temp. part-time from 2/11/50)
(Full-time from 1/11/51).*County Almoner:*

Miss M. A. L. HOWARD, B.A., A.M.I.A. (Resigned 8/8/51)

Matron, St. Catherine's Road Day Nursery, Grantham:

Mrs. M. E. HIBBERD

*County Sanitary Officer:*G. A. FARROW, M.R.San.I., M.S.I.A., A.M.Inst.P.C. (Resigned
31/7/51)J. F. LOFTHOUSE, M.R.San.I., M.I.San.E., M.S.I.A. (Appointed
1/11/51)*Dental Attendants:*

Miss A. M. TURNER (Appointed 1/10/51)

Three Vacancies

*Non-Medical Staff—Mental Health Services:*W. E. VICKERS, M.B.E. (*Chief Authorised Officer*)

W. HOLMES, Authorised Officer—North Kesteven District

N. A. CLARKE, Authorised Officer—East Kesteven District

W. A. PERKINS, Authorised Officer—South Kesteven District

B. J. BROWN, Authorised Officer—West Kesteven District

J. W. ALLPRESS, Authorised Officer at Headquarters

Chief Clerk:

W. S. DENCH

Ambulance Officer:

L. V. LAWRENCE

District Medical Officers of Health and Sanitary Inspectors

<i>District</i>	<i>Medical Officer of Health (all part-time appointments)</i>	<i>Sanitary Inspector</i>
Borough of Grantham	R. M. Ross, M.B., Ch.B., D.P.H.	C. Taylor
Borough of Stamford	W. Anley Hawes, M.B., D.P.H.	L. J. Roll
Urban District of Sleaford	J. W. Scholey, M.B., Ch.B.	T. E. Dagwell
Urban District of Bourne	J. A. Galletly, M.B., D.P.H.	W. H. Howard
Rural District of North Kesteven	W. Sharrard, M.B.	J. Chadwick
Rural District of East Kesteven	J. W. Scholey, M.B., Ch.B.	J. A. Saville
Rural District of South Kesteven	J. A. Galletly, M.B., D.P.H.	W. A. Chivers
Rural District of West Kesteven	R. M. Ross, M.B., Ch.B., D.P.H.	J. Dean

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COUNTY OF LINCOLN—PARTS OF KESTEVEN

Mr. Chairman, My Lord, Ladies and Gentlemen,

I beg to present my Annual Report for the year 1951.

It is of interest that the Registrar General estimates the mid year population of the Administrative County of Kesteven as being 132,700, an increase of 2,890 over that for mid 1950. Whereas the population of the four Urban Districts has in this estimate declined by 1,080 during the period, the population of the four Rural Districts has increased by 3,970, as follows:—North Kesteven R.D.C. 2,660, South Kesteven R.D.C. 130, East Kesteven R.D.C. 740, and West Kesteven 440.

The vital statistics continue to show a satisfactory trend. The Nett Death Rate for Kesteven was 10.34 as compared with 10.75 for 1950, and 12.5 for England and Wales in 1951. While the Birth Rate showed a small decline, the infant mortality rate dropped to the low figure of 28.09 per 1,000 live births against 41.3 for 1950 and 37.2 for 1949. This is the first year upon record when no case of Diphtheria was notified, and this fact is a measure of the success which has attended your Anti-Diphtheria Campaign.

The information and statistics contained in the Report outline under the various heads the work accomplished by the Public Health Department, and indicate something of its extent and variety.

I would like again to pay a tribute to all the workers in the Maternity and Child Welfare Service to whom credit is due for the satisfactory figures relating to infant health, and to the sustained efforts of the staff of the Department who have rendered loyal and efficient service during the year.

I am, My Lord, Ladies and Gentlemen,

Yours faithfully,

J. H. C. Clarke.

Public Health Department,
County Offices, SLEAFORD.

18th June, 1952.

STATISTICS AND SOCIAL CONDITIONS

General Statistics

Area of Administrative County (in acres)	463,490
Population :	
Census 1921	108,237
" 1931	110,360
" 1951 (provisional)	131,566
Registrar General's estimate, 1951	132,700
Number of inhabited houses (Census 1921) ...	25,456
Number of inhabited houses (Census 1931) ...	27,590
Number of families or separate occupiers (1921) ...	25,823
Number of families or separate occupiers (1931) ...	27,845
Rateable Value (1st April, 1952)	£589,648
Estimated product of a penny rate, 1951-52 ...	£2,288

Extracts from Vital Statistics for the Year 1951

NOTE: Birth and Death Rates:

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven are 1.07 and 0.96 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett rate.

Live Births:		Males	Females	Totals
Total		1138	1033	2171
Legitimate		1088	985	2073
Illegitimate		50	48	98
Crude Live Birth Rate per 1,000 of estimated population				16.36
Nett Live Birth Rate per 1,000 of estimated population				17.50
Rate for England and Wales				15.5
Stillbirths:		Males	Females	Totals
Total		19	23	42
Legitimate		17	22	39
Illegitimate		2	1	3
Stillbirth Rate per 1,000 of estimated population				0.32
Rate for England and Wales				0.36
Rate per 1,000 births—live and still				18.98
		Males	Females	Total
Death		739	691	1430
Crude Death Rate per 1,000 of estimated population ...				10.78
Nett Death Rate 10.34. Rate for England and Wales ...				12.5

Maternal Mortality (i.e. Deaths due to Pregnancy, Childbirth or abortion).

No. of deaths	1
Rate per 1,000 total births (i.e. live and still) ...	0.45
Rate for England and Wales	0.79

Infant Mortality (i.e. Deaths of Infants under the age of one year).

		Males	Females	Totals
No. of Deaths	...	35	26	61
Legitimate	...	31	26	57
Illegitimate	...	4	—	4
All Infants:				England and Wales
Rate per 1,000 live births	...	28.09		29.6
Legitimate Infants:				
Rate per 1,000 legitimate live births	... ..	27.5		—
Illegitimate Infants:				
Rate per 1,000 illegitimate live births	... ..	40.8		—
Of the total infant deaths, 36 (or 59%) occurred among children under four weeks of age.				

Births:

The Live Birth Rate of 16.36 per thousand of the estimated population showed a very small decrease on that of the previous year. The number of live births belonging to the Administrative County was 2,171 (1,138 males and 1,033 females)—compared with 2,179 (1,138 males and 1,041 females) in 1950.

The 98 illegitimate live births—representing 4.5 per cent. of the total—showed a decrease on the figure for the previous year, when there were 129 (5.5 per cent. of the total) such births.

The number of Stillbirths (42) was a little lower than last year and still remained well below the average for the previous 10 years, and the Stillbirth Rate (0.32) was also below the average for the same period.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1936, is of interest:—

Year	LIVE BIRTHS				STILLBIRTHS	
	Legitimate	Illegitimate	Total	* Rate	No.	* Rate
1936	1,517	73	1,590	14.09	66	0.59
1937	1,536	72	1,608	14.16	73	0.64
1938	1,569	98	1,667	14.57	70	0.61
1939	1,637	85	1,722	14.81	80	0.69
1940	1,665	88	1,753	15.91	58	0.53
1941	1,749	110	1,859	16.39	62	0.55
1942	1,927	165	2,092	18.47	66	0.58
1943	1,967	162	2,129	18.53	60	0.52
1944	2,045	200	2,245	19.75	64	0.56
1945	1,939	267	2,206	19.97	68	0.62
1946	2,094	176	2,270	20.06	65	0.57
1947	2,306	156	2,462	21.37	62	0.54
1948	2,130	168	2,298	19.2	67	0.56
1949	2,102	129	2,231	18.45	39	0.32
1950	2,058	121	2,179	16.78	48	0.37
1951	2,073	98	2,171	16.36	42	0.32

*In calculating these rates for the years 1936-49 *Civilian* population figures were used while for 1950 and 51 the *Total* population figures have been used.

The number of births notified in the County under Section 203 of the Public Health Act, 1936, was 2,024—1,988 live births and 36 stillbirths.

Details with regard to Births in each of the 8 County Districts will be found in Table 1, on page 44.

Deaths:

Details of deaths now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use from 1940 to 1949.

Chief Causes of Death.—The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year:—

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Other Heart Disease	304	2.29
Vascular lesions of Nervous System	216	1.63
Other defined and ill-defined Diseases	140	1.05
Coronary Disease, Angina	133	1.00
Other Malignant and Lymphatic Neoplasms	102	0.77
Bronchitis	90	0.68
Other Circulatory Disease	50	0.38
Hypertension with Heart Disease ...	49	0.37
Pneumonia	46	0.35
All other accidents	40	0.30
Malignant Neoplasm, stomach	30	0.23
Influenza	26	0.19
Malignant Neoplasm, Bronchus	24	0.18
Tuberculosis, Respiratory	23	0.17
Motor Vehicle accidents	21	0.16

The Crude Death Rate from all causes for the County was 10.78 per thousand of the estimated population, while the Net Rate was 10.34 compared with 10.75 the previous year. The number of deaths, which now include those of members of the armed forces stationed in the area, was 1,430, 739 males and 691 females: the figures for 1950 were 1,455, 758 and 697 respectively. The proportion of deaths over 65 years of age was 68.9 per cent. in the year under review, as compared with 68.1 per cent. in 1950, 67.0 per cent. in 1949, 64.9 per cent. in 1948 and 65.8 per cent. in 1947.

There were 61 deaths of infants under one year, representing an Infant Mortality Rate of 28.09 per thousand live births.

There was 1 death from maternal causes during 1951 representing a Maternal Mortality Rate of 0.45 per thousand total (live and still) births—somewhat lower than the figure for the Country as a whole (0.79).

The following Table showing the number of deaths and rates during the past 15 years may be of interest:—

Year	* DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Puerperal Causes)	
	No.	* Rate	No.	Rate	No.	Rate
1936	1,276	11.31	74	46.54	6	3.62
1937	1,384	12.19	103	64.05	3	1.78
1938	1,306	11.42	89	53.39	4	2.47
1939	1,405	12.23	72	41.71	5	2.77
1940	1,511	13.72	85	47.78	5	2.76
1941	1,388	12.24	86	45.84	11	5.67
1942	1,353	11.94	87	41.59	8	3.71
1943	1,408	12.26	90	42.27	6	2.74
1944	1,298	11.42	100	44.54	0	0.00
1945	1,320	11.95	89	40.34	8	3.52
1946	1,352	11.95	90	39.65	2	0.86
1947	1,368	11.87	82	33.31	3	1.19
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	83	37.20	5	2.20
1950	1,455	11.20	90	41.30	1	0.45
1951	1,430	10.78	61	28.09	1	0.45

*For the years 1936/49 deaths of non-civilians were excluded from the Registrar General's returns and Civilian population figures were therefore used for calculating the Death Rates. These deaths have, however, been included in the 1950 and 51 returns and the Total population figures have therefore been used in determining the Rates for those years.

The deaths registered under Heart Disease during 1951 numbered 486. Reference to the Chief Causes of Death shows that this remains the principal cause. The death rate per 1,000 of the estimated population at 3.67 was .20 higher than in 1950. The following is a statement of fatalities from Heart Disease during the 15 years 1937-1951.

Year	No. of Deaths	Crude Death Rate per 1,000 of estimated population	Percentage to total Deaths from all causes
1937	336	2.95	24.3
1938	321	2.81	24.5
1939	381	3.33	27.1
1940	361	3.28	23.8
1941	297	2.62	21.4
1942	302	2.67	22.3
1943	309	2.69	21.9
1944	316	2.78	21.3
1945	362	3.28	27.4
1946	350	3.09	25.8
1947	391	3.39	28.5
1948	387	3.23	29.3
1949	444	3.65	30.9
1950	454	3.47	31.0
1951	486	3.67	33.9

Further information regarding the causes of death, etc., will be found on page 45 and in Table III (inset).

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Centres:

At the end of the year the number of centres maintained by the County Council amounted to 32—2 of which were weighing centres.

The following are extracts from records of attendances for the year (a detailed summary of which appears in Table V on pages 47—49):—

Total attendances—children under 1 year	13,125	
„ over 1 year	11,365	
	<hr/>	24,490
No. of individual children who attended—		
under 1 year	1,931	
over 1 year	1,977	
	<hr/>	3,908
No. of children who attended for first time—		
under 1 year	1,303	
over 1 year	428	
	<hr/>	1,731
No. of consultations with medical staff		6,840
No. of weighings undertaken		23,697

The above particulars considered in conjunction with those in the following table indicate maintained use of the Service by the mothers in the County.

Year	Individual children who attended I.W.Cs.	Total Attendances	Consultations with M.O.
1946	2,189	13,925	5,751
1947	2,453	14,993	5,193
1948	2,773	20,427	5,327
1949	3,611	22,555	5,717
1950	3,791	22,470	5,940

Ante and Post Natal Services:

No calls were made on the Council's general practitioner ante and post natal services during the year; it can now be assumed, with the development of the National Health Service Maternity Medical Service under which free medical care is available to all expectant and nursing mothers, that this service, which proved invaluable before and for some time after the advent of the National Health Service, is no longer required.

Twenty-six expectant mothers were in attendance at the Ante-natal Clinic at 40, Westgate, Grantham, during the year, and 64 examinations were carried out. Three patients also attended for routine post-natal examination. Twenty-one sessions were held.

Birth Control Clinic:

This Clinic was opened in September 1950 and has filled a real need. It is held once a month. An increasing number of married women who for medical reasons require advice on birth control are being referred by general practitioners. Forty-one patients attended and made a total of 75 attendances. One patient attended the clinic of the Lincoln City Health Department.

Dr. E. Burbidge, Medical Officer in charge of the Grantham Clinic, resigned at the end of 1950, but we were able to obtain the services of Dr. J. Duxbury, her successor at the Peterborough Clinic, who commenced duty in February.

Consultant Services:

All the consultant and treatment services provided at the County Council's clinics—either wholly by the Authority or by arrangement with the Regional Hospital Boards—are available to young children in the County. Full details of these services have appeared in recent Reports. Apart from a change in the Orthopaedic Clinics in the south of the County, which were removed to the hospitals at Stamford and Bourne, all clinics continued to operate on the same lines as in the previous year.

A brief review of the work undertaken for pre-school children appears below.

Ophthalmic Treatment:

Clinic	Errors of Refraction		Other Eye Defects		Glasses Prescribed		Cases referred Elsewhere	
	New Cases	Re-inspect's	New Cases	Re-inspect's	New Cases	Re-inspect's	New Cases	Re-inspect's
Grantham	27	37	—	1	12	9	—	—
Stamford	8	3	—	—	3	—	—	—
Sleaford	15	10	—	—	10	3	1	—
Bourne	22	14	—	—	10	8	—	—
Lincoln	2	19	—	—	1	9	—	—
TOTALS	74	83	—	1	36	29	1	—

Orthopaedic Treatment:

The orthopaedic clinics staffed by specialists provided by the Sheffield Regional Hospital Board, continued as before and provided a satisfactory and convenient service for all concerned.

One hundred and fifty-six pre-school children (including 82 new cases) were seen at these clinics by the Orthopaedic Surgeons, who held 242 consultations. In addition, 2 cases from the north of the County were referred to the Orthopaedic Out-patients' Department at the County Hospital, Lincoln.

Owing to the continued absence until October of a full-time assistant, Miss Peck, the Orthopaedic Nurse, had many difficulties to contend with. In spite of this, however, a considerable amount of work was undertaken. In addition to an increased caseload of school children there was a rise in the number of pre-school

children treated, with 1,734 attendances, 180 more than the previous year, made at the physiotherapy clinics for massage, remedial exercises, ultra violet light, etc.

Two cases dealt with under the Service were referred for hospital in-patient treatment.

Treatment of Defects of the Ear, Nose and Throat:

Children from the central areas of the County are seen as necessary by Mr. G. W. Morey, who continued to attend the Ear, Nose and Throat Clinics at Grantham and Sleaford, while those from the northern and southern areas are referred to consultants at Lincoln County and Stamford General Hospitals respectively. Twenty-four pre-school children were seen under these arrangements during the year, 18 of whom were found to need operative treatment for enlarged tonsils and/or adenoids.

Rheumatism and Heart Diseases:

Four pre-school children (2 of whom were new cases) referred from Infant Welfare Centres were examined by Dr. J. W. Brown at the Council's Cardiological Clinics. Children from Bourne, Stamford and South Kesteven are referred to a similar clinic at the Out-patients' Department of the Stamford General Hospital.

Diseases of Children:

During the year 9 pre-school children were referred to Dr. T. Wright, Paediatrician, under the arrangements referred to in my last Report. Eight of these cases were seen at the Lincoln County Hospital, the other at the Grantham General Hospital.

Dental Treatment:

Owing to the lack of staff the Service remained suspended until October. After the adoption by the County Council of the Whitley Council's revised salary scales for Local Authority Dental Officers it became possible to fill the vacancy for a Senior Dental Officer. Mr. V. Howarth, L.D.S., was appointed to this post and commenced duty on the 1st October. After appointment Mr. Howarth had to concern himself with the assessment of the facilities then available, having regard to the early re-establishment of the Service on a modified scale. Although it was possible for him to commence dental inspection and treatment early in 1952, there will be very little time available for the priority classes until the staffing position improves.

Institutional Provision for Mothers and Children:

Owing to the continued heavy demand for maternity beds the Ministry of Health has advised Hospital Management Committees that in selecting applicants for booking maternity beds priority should be given to: (a) cases in which there are medical or obstetric reasons, and (b) adverse social and environmental conditions. In the latter connection the Ministry recommended that the advice of the Medical Officer of Health of the Local Health Authority should always be sought. Reports on the social

circumstances of cases referred for beds on these grounds are provided to the maternity hospitals by the Health Department through the County Nursing Superintendent, and the scheme which has been evolved has proved entirely satisfactory. The following reservations of beds were made during the year under the arrangements referred to above:—

Grantham General Hospital and Annexe at 137 Dysart Road	222
Stamford and Rutland General Hospital	34
City Maternity Home, Lincoln	19
Newark Town and District Hospital	2
Laundon Maternity Home, Sleaford (by arrangement with the Grantham Hospital Management Committee)	88
Reynard Hospital, Willingham-by-Stow	7
	<hr/> 372

Hospital in-patient treatment was arranged for 24 children under 5 years of age. These children had been examined and referred to the various consultant services by medical officers in attendance at the Infant Welfare Centres. Of these children 18 have already been referred to as being dealt with under the Ear, Nose and Throat scheme and 2 under the Orthopaedic scheme; the remainder comprised 2 cases of balanitis.

Premature Infants:

One hundred and seventeen babies born in the County (8 of whom were of parents normally resident outside the administrative area) were notified as having a birth weight of $5\frac{1}{2}$ lbs. or less, and 101 (or 86 per cent.) were known to have survived four weeks.

The number born at home was 53, of which 14 were subsequently transferred to hospital, and the remaining 64 babies were born in institutions. Table VI on page 50 analyses these cases in detail.

The County Council's scheme for the care of premature infants, already described in previous Reports, remained unchanged.

Care of Unmarried Mothers and Their Children:

During the year there were 98 illegitimate children born in the County, representing 4.5 per cent. of the total live births recorded; comparative figures for last year were 121 and 5.5 respectively.

The Council's arrangements for giving assistance to unmarried mothers and for the care and supervision of illegitimate children continued as before. The duties of the County Almoner who resigned at the end of July were taken over by arrangement with the welfare workers of the Lincoln Diocesan Association for Moral Welfare. These duties involved enquiries into cases reported as being in need of assistance, particularly those where institutional accommodation or some form of rehabilitation would ultimately be required.

During the year 6 unmarried expectant mothers were admitted under the County Council's scheme to the above Association's Maternity Home (The Quarry) at Lincoln, while, in addition, under the same scheme, the admission of two other cases to similar homes at Northampton and Leeds, was arranged by the Association.

Provision of Maternity Outfits:

During the year 676 outfits were issued to maternity patients confined at home. The proportion of these cases who benefited in this way, viz. 70 per cent., was, therefore, higher than last year by 6 per cent.

Day Nursery:

The Day Nursery at St. Catherine's Road, Grantham, continued to operate satisfactorily throughout the year, although, as will be seen from the following table, the rate of attendance was temporarily affected by a minor food poisoning outbreak which occurred in February/March and outbreaks of measles and mumps in June and November respectively.

	No. of children on register		Average daily attendance		No. of Mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January ...	15	29	7	16	41	—
February ...	15	27	7	15	40	—
March ...	15	26	7	10	39	—
April ...	15	29	11	16	41	—
May ...	15	29	10	21	40	—
June ...	15	29	10	17	40	—
July ...	14	30	10	21	39	—
August ...	15	30	7	19	39	—
September ...	15	29	12	21	38	1
October ...	15	29	12	23	39	—
November ...	14	28	10	15	38	—
December ...	15	28	8	14	40	—
	178	343	111	208	474	1
Average for Year	15	29	9	17	40	—

Nurseries and Child Minders Regulation Act, 1948:

There were no premises or daily minders registered in the County under this Act during the year.

MATERNITY AND NURSING HOMES

The arrangements for the registration of Nursing Homes under Sections 187—194 of the Public Health Act, 1936, remained unchanged. At the end of the year there remained on the register two homes which provided 13 beds for maternity patients.

The County Nursing Superintendent paid three visits of inspection to these homes.

HEALTH VISITING

There were no changes during 1951 in the total Health Visiting establishment. A rearrangement of the Health Visitors' duties was effected in the Grantham area whereby the establishment of three whole-time Health Visitors and two whole-time School Nurses was altered to four whole-time Health Visitor/School Nurses and one whole-time School Nurse. This arrangement effects a better distribution of work and responsibility. One vacancy was unfilled at the end of the year.

One of two posts at Stamford and another in the North of the County fell vacant during the year. Despite repeated advertisements the former remained unfilled, but the latter was filled as from the 1st January, 1952.

Arrangements were accordingly made to train suitable candidates for the posts of Health Visitors early in 1952.

For some time it has been apparent that there has been a considerable increase in population in certain areas in the County as a result of new building programmes and the re-housing of families in former huttred camps. In view of this a survey of the work done by the Health Visitors throughout the County was carried out and an assessment of the demands made upon them undertaken. The results indicated that much additional work should be undertaken in the North of the County where the case-load of children under 5 had progressively risen until it had reached as high a figure as 1,350. It was therefore decided to recommend the appointment of an additional whole-time Health Visitor to work in North Kesteven, this proposal to take effect in 1952.

MIDWIFERY AND HOME NURSING

Midwifery:

During the year, notification of intention to practise was received from 76 midwives, 65 of whom continued to practise at the end of the year. In addition 10 notices of intention to practise were received from persons undertaking maternity nursing only.

Of the 65 midwives referred to above:—

40 (including 1 part-time) were domiciliary midwives in the employ of the County Council,

3 were domiciliary midwives in private practice,

18 were midwives employed by Hospital Management Committees, and 4 were midwives employed in private nursing homes.

The following table shows the number of cases they attended during the year:—

	Domiciliary Cases		Cases in Institutions		Total	
	As Mid-wives (1)	As Mater'y Nurses (2)	As Mid-wives (3)	As Mater'y Nurses (4)	As Mid-wives (5)	As Mater'y Nurses (6)
(1) Employed by County Council... ..	753	172	—	—	753	172
(2) Employed by Voluntary Organisations ...	—	—	—	—	—	—
(3) Employed by Hospital Management Cmmtt's	—	—	786	87	786	87
(4) In Private Practice ...	31	6	—	*177	31	183
Totals	784	178	786	264	1570	442

* Nursing Home Cases

In addition to the cases recorded against Item (1) above, the County Council's midwives attended 130 institutional cases who were discharged before the fourteenth day after the confinement.

It will be seen from this table that there were 2,012 confinements, of which 962 were conducted at home and 1,050 in maternity units. The following table shows that this is the first year when in Kesteven more cases have been dealt with in institutions than at home.

	Domiciliary Cases			Cases in Institutions		
	As Midwives	As Maternity Nurses	Total	As Midwives	As Maternity Nurses	Total
1945	867	451	1318	505	383	888
1946	833	544	1377	439	417	856
1947	991	633	1624	450	405	855
1948	927	506	1433	464	375	839
1949	735	467	1202	700	420	1120
1950	822	291	1113	614	424	1038
1951	784	178	962	786	264	1050

As I have previously pointed out, the proportion of cases dealt with in institutions for a number of years prior to the National Health Service was approximately 38%. By 1949, a year after the Service came into operation, this figure had risen to 48% and remained at that level during 1950. It has reached 52% in 1951, a figure which approximates to that for the Country as a whole.

The rise in institutional confinements is obviously due to the greater attractions, financial and otherwise, of hospital treatment. It is not however in the best interests of the Domiciliary Midwifery and Nursing Service that an undue proportion of maternity cases

should be confined in hospitals, and it is understood that this matter has the attention of the Ministry of Health.

Non-medical and general supervision of midwives continued to be undertaken by the County Nursing Superintendent and two assistants, who together made a total of 34 routine inspection visits and 47 special visits for this purpose. The supervising staff dealt with many problems in connection with the staffing of vacant districts. In some instances districts were without a regular District Nurse-Midwife for many consecutive months, and it was again necessary for the assistant supervisory staff to undertake routine district work from time to time.

The number of cases in which medical aid was summoned by midwives under Section 14 (i) of the Midwives Act, 1918, totalled 201—197 domiciliary and 4 institutional cases.

Notifications from midwives were also received as follows:—

Stillbirths	...	...	...	...	...	27
Laying-out the dead	...	...	...	...	...	4
Liability to be source of infection	...	...	...	...	...	8
Artificial Feeding	...	...	...	...	...	155
Death of Child	...	...	...	...	...	11

Administration of Analgesia:

There were at the end of the year 52 midwives practising in the County who were qualified to administer gas and air. Thirty-nine of these were members of the County Council staff, 12 were employed by Hospital Management Committees, and 1 by a private nursing home. I am pleased to be able to report that all but one of the Council's midwives were qualified for this purpose, 5 additional midwives having received training during the year. All have been issued with a Minnitt apparatus, or, as in four cases, share with a colleague.

As a result of the rapid progress made in the training of personnel, coupled with the fact that a number of the midwives had taken their training towards the end of 1950, 1951 has shown a noticeable increase in the number of cases in which gas and air have been administered, being 407 as compared with 230 in 1950. These figures represent a proportion of 44⁶% of the home confinements in 1951 as compared with 21% in 1950. In addition there were 204 cases (172 midwifery and 32 maternity) in which Pethidine, an alternative form of analgesia, was administered by the Council's midwifery staff.

The arrangements for the supply of gas cylinders and the servicing of machines referred to in detail in my last report continued to work satisfactorily.

The following is a brief summary giving general details of the work undertaken by the County Council's domiciliary midwives during the year:—

As Midwives:

(i) No. of cases attended	753	(811)
No. of these who were primiparae ...	141	(140)
No. of these who were maternal deaths ...	—	(—)
(ii) No. of miscarriages	20	(22)
(iii) No. of ante-natal visits	7839	(8131)
(iv) No. of visits paid	11308	(11974)
(v) No. of cases to whom gas and air was administered	331	(145)
(vi) No. of cases to whom Pethidine was administered	172	

As Maternity Nurses:

(i) No. of cases attended	172	(278)
No. of these who were primiparae ...	71	(113)
No. of these who were maternal deaths ...	—	(—)
(ii) No. of miscarriages	48	(59)
(iii) No. of visits paid	4138	(5728)
(iv) No. of cases to whom gas and air was administered	73	(85)
(v) No. of cases to whom Pethidine was administered	32	

NOTE—The figures in brackets relate to the year 1950.

Home Nursing:

The volume of work carried out by the Council's home nurses during the year continued to be high. This, I think, is commendable, particularly in view of the staffing difficulties to which I have already made reference. It will be seen from the figures given below that while the number of cases attended by the nurses was more or less the same as in previous years, the number of visits made increased by quite a considerable extent.

Two thousand, nine hundred and fifteen new cases were attended, of which 1,841 were medical and 1,074 of a surgical nature. The nurses paid a total of 45,086 visits. The number of new cases attended and visits made represent a decrease of 7 and an increase of 3,065 respectively over the previous year's figures.

In addition 11,413 visits were made to minor cases when no actual nursing treatment was required, and 61 minor operations performed by general practitioners in the patients' homes were also attended by home nurses.

GENERAL**Staff:**

At the beginning of 1950 there were 42 domiciliary nurse-midwives on the staff. During the year there were 3 resignations, 1 transfer to a Health Visiting vacancy, and 1 new appointment making a net loss of 3.

At the end of the year, therefore, the total number of personnel employed was 39, this being 10 short of the full complement.

I need hardly say that the long continued shortage of nurses has the inevitable result of imposing an additional burden of work

on the staff who are sometimes employed for prolonged periods. It is the sense of duty of the Nursing Staff, coupled with the forfeiture of some off-duty time and working longer hours, which prevents any breakdown in the Service.

The appointment of a second Assistant Superintendent, vacant since October 1950, was filled in September, Miss L. Dick being appointed.

Housing:

For obvious reasons the inability of the County Council to offer accommodation in vacant districts is an important factor in our failure to make appointments, and it will be recalled from my two previous Reports that mention was made of the Council's intention to secure sites for the erection of houses in four districts, viz. Rippingale, Market Deeping, Helpringham, and Billingham. It will also be remembered that by the end of 1950 little progress had been made, a site at Rippingale only having been secured.

Great difficulty has been met with in securing sites, and as it is not desirable to resort to compulsory purchase, further intensive efforts during 1951 were made to obtain sites by agreement in the three other districts. After much searching and negotiation success was eventually achieved in each case.

The position at the end of 1951 was that a tender for a house at Rippingale had been accepted and building was expected to commence early in the following year. Tenders had also been received for a pair of self-contained flats at Market Deeping to house two nurses, but since the original decision was made to proceed with provision of accommodation in this area the two nurses in question have obtained suitable accommodation of their own. It has therefore been decided to defer the scheme for that area, and the site obtained has been relinquished. At the end of the year plans for houses at Helpringham and Billingham were in course of preparation.

Having regard to the difficulty in securing the four sites mentioned, I reported to the Health Committee that it was desirable to initiate action well in advance—even to the extent of 3 or 4 years—of a house being required. Bearing in mind, therefore, that many nurses are eligible to retire within the next few years and that we have no accommodation to offer their successors, a survey was made of the accommodation occupied by all the nurses. This survey revealed that in some 17 districts the Council should consider the provision of houses for nurses. After due consideration of the matter it was decided to follow a three year programme for the erection of houses, beginning with those districts where the need appeared to be most urgent, i.e. Allington, Corby, Heckington, Potterhanworth, Ropsley, Washingborough and Wellington. This decision will involve obtaining sites in these districts during 1952.

Transport:

During the first half of 1951, 8 new cars were supplied to the nursing service, 7 of these being on orders sponsored by the Ministry of Health. All these cars were urgently required to replace old vehicles, 7 of which were subsequently sold as surplus to requirements. At the end of the year orders were still outstanding for three new cars, but as these are unsponsored it is likely to be a considerable time before delivery is made.

Fortunately the 44 cars owned by the Council are substantially in a good condition at the present time, and as 7 of these are held for relief purposes I am confident that for some time to come no transport problems are likely to arise when a nurse's car goes in for overhaul or repair.

Garages:

The garaging position improved during the year. Two additional garages were erected by the Council at nurses' houses, namely in the Branston and Billingborough districts, and in the case of one of the Grantham nurses a suitable garage was erected by the Grantham Corporation, who own the house.

Post Graduate Training:

It is the policy of the Council to take advantage of the various courses which are arranged from time to time for nursing personnel employed by Local Health Authorities by bodies such as The Royal College of Midwives and The Queen's Institute of District Nursing. During the year refresher courses were attended by the County Nursing Superintendent, 3 Midwives and 1 Health Visitor.

VACCINATION AND IMMUNISATION

There was no alteration in the scheme for Diphtheria Immunisation or Vaccination against Smallpox under Section 26 of the National Health Service Act, 1946, as set out in my Annual Report for 1948.

Vaccination:

Compared with 1950 there was a slight increase in the total number of persons vaccinated during the year but the number of children under one year of age who were vaccinated remained low.

During the year under review the number of persons vaccinated was as follows:—

Age at 31/12/51 i.e. born in years	Under 1 1951	1 1950	2-4 1947-1949	5-14 1937-1946	15 or over Before 1937	Total
No. vaccinated	206	233	10	38	133	650
No. re-vaccin'd	—	—	7	11	213	261

Diphtheria Immunisation:

Table A below indicates the number of children who completed a full course of primary immunisation during 1951, while Table B gives details of the number of children at the 31st December who had completed a full course of immunisation at any time before that date, i.e. at any time since 1st January, 1937.

A.	Children under five years	...	...	...	1366
	Children five to fourteen years	...	...	...	122
					<hr/> 1488 <hr/>

Total No. of children who were given a secondary or re-inforcing injection ... 836

B.

Age at 31/12/51 <i>i.e.</i> born in year	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942-1946	10 to 14 1937-1941	Total under 15
No. immunised	38	854	999	1406	1444	11061	3384	19186
Estimated mid-year Child population	Children under five					Children 5-14		29950
	11480					18470		

AMBULANCE SERVICE

There was no alteration to the scheme for the operation of the County Ambulance Service as outlined in my Report for 1950.

The demands on the service have increased, the number of patients conveyed rising from 17,142 in 1950 to 20,919 in 1951, and the mileage covered from 334,740 to 346,737½. An analysis of removals by type of In-patient and summary of Out-patients for the year 1951 will be found in Table VIII, page 52.

Ambulances:

On account of their unreliability and dilapidated condition, two vehicles were disposed of upon receipt of an equivalent number of new Bedford 28 H.P. Spurling (long-wheelbase) ambulances. These vehicles are providing very satisfactory service. Although similar in appearance to the short-wheelbase form of Bedford 28 H.P. Spurling ambulances previously supplied to the County Council, the long-wheelbase vehicle has a larger carrying capacity which allows up to 18 sitting-cases to be carried. It has thus been possible to eliminate extra mileage as where it was previously necessary to send two of the smaller ambulances, each carrying eight sitting-cases to the same destination, only one is now required to do the journey.

The ambulance fleet consists of the following 10 vehicles:—

Bedford 28 H.P. Spurlings (short-wheelbase)	...	7
ditto (long-wheelbase)	...	2
Vauxhall 25 H.P. Lomas	... ..	1

In view of its age and condition, the County Council has authorised the replacement of the last mentioned vehicle by a new Bedford 28 H.P. Spurling ambulance.

Ambulances owned by the County Council operate from the following centres:—

Grantham	...	...	...	...	...	4
Sleaford	...	...	...	...	...	3
Bourne	...	...	...	...	...	2
Bourne Isolation Hospital	...	...	...	...	...	1

Sitting-Case Cars:

The number of sitting-case cars was considered inadequate to meet the needs of the service. In order to meet this deficiency, a new Bedford 12 H.P. Martin Walter "Utilecon" was obtained in May, 1950, which with the four already owned by the County Council provide a total of five sitting-case cars. In addition, there are three owner-drivers of private motor cars who are available on call and are paid the standard rate of 6d. per mile.

These vehicles are located as follows:—

Centre		K.C.C. Cars	Owner-drivers	Totals
Grantham	...	2	—	2
Sleaford	...	2	2	4
Bourne	...	1	1	2
		—	—	—
TOTAL	...	5	3	8
		—	—	—

Garaging and Servicing, Etc.:

At Sleaford, the new ambulance station in Playhouse Yard, Westgate, was completed in June, 1951. This building has been taken on leasehold for the exclusive use of County Council owned ambulance service vehicles.

The new ambulance station erected for the County Council at Harrington Street, Bourne, was completed in December, 1951.

The garage accommodation provided at Grantham is regarded as satisfactory.

Servicing and maintenance of ambulances and sitting-case cars operated by the County Council receive the necessary priority by the commercial garages who supply part-time drivers in the towns concerned.

Personnel:

(a) *Whole-time Drivers.* It was necessary to appoint an additional whole-time driver at Grantham owing to the increased

demands on the service in that district. There is now a total of six whole-time drivers: Grantham 3, Sleaford 2, and Bourne 1.

(b) *Part-time Drivers.* Seven part-time retained drivers (Grantham 3, Sleaford 3, and Bourne 1) are employed to supplement the above. Additional part-time drivers continue to be supplied when required by the commercial garages in each of the towns concerned. The services of a driver from the Bourne Isolation Hospital are available for the removal of infectious and tuberculous cases in Bourne and the southern area of the County.

(c) *Attendants.* Members of the British Red Cross Society and the St. John Ambulance Brigade respectively have continued to serve as volunteer attendants at the following centres:—

Grantham: British Red Cross Society.

Sleaford: St. John Ambulance Brigade.

Bourne: British Red Cross Society and St. John Ambulance Brigade.

Training:

A large number of Ambulance Service personnel received revisionary courses of instruction in First Aid under the auspices of the British Red Cross Society and St. John Ambulance Brigade. It is reported that the examination results were satisfactory.

Mileages, Journeys and Patients — Year Ended 31st December, 1951

A. Direct Service provided by County Council:

Depot	Ambulances			Sitting-Case Cars			Totals		
	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
Grantham	37,489	2,175	3,117	51,374	2,733	4,307	88,863	4,908	7,424
Sleaford	50,129	951	2,696	46,525	819	1,801	96,654	1,770	4,497
Bourne	28,814	743	1,592	23,877	409	647	52,691	1,152	2,239
Totals	116,432	3,869	7,405	121,776	3,961	6,755	238,208	7,830	14,160

Average Journey: 30.414 miles.

B. STAMFORD.—Agency Services provided on behalf of the County Council by the St. John Ambulance Brigade (Ambulances) and the British Red Cross Society (Sitting-case cars), operating from Stamford:

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
8040	489	551	27187	1031	1229	35227	1520	1780

Average Journey: 23.175 miles.

C. NORTH KESTIVEN (and Part of East Kesteven)—Agency Service provided by the Lincoln Corporation:

The following statistics relating to Kesteven patients carried by vehicles of the Lincoln Ambulance Service under the Joint Scheme have been provided by the Lincoln Corporation Health Department.

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
32132	1351	2539	41170½	1766	2440	73302½	3117	4979

Average Journey: 23.517 miles.

D. SUMMARY FOR THE WHOLE OF THE ADMINISTRATIVE COUNTY.

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
156604	5709	10495	190133½	6758	10424	346737½	12467	20919

Average Journey: 27.812 miles.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

The Authority's Health Visitors made 1,413 visits to patients during the year to give advice as necessary and to report back on social circumstances and contacts in the home. Liaison with the Regional Hospital Board's Chest Physicians, with whom there is now generally speaking a free interchange of information, was well maintained and it is a cause for satisfaction that after some three years of discussion and repeated correspondence it was possible to come to an agreement as to the part these officers should play in the prevention, care and after-care services of the County Council. During the year we lost the services of our Almoner, a great deal of whose time had been devoted to this branch of the work. Owing to the difficulty of obtaining a successor the question of bringing about a closer relationship between the Health Visitors and the area chest clinics was considered. This is a problem to which there is no simple solution as each Health Visitor in the County undertakes tuberculosis visiting as part of her normal duties, and it may ultimately be necessary to restrict this particular work to a smaller number in order to ensure close contact with the clinics through regular attendance by the visitors concerned. This arrangement has been in operation for some time in the Grantham and Stamford areas.

B.C.G. Vaccination:

The Council's proposals for the carrying out of B.C.G. vaccination were approved by the Ministry of Health early in

1951, and our scheme under Section 28 of the National Health Service Act was accordingly modified to include the following provision:—

“The Local Health Authority intends to provide for B.C.G. vaccination by, and at the instance of, a physician with specialist knowledge and experience of tuberculosis, as regards persons to whom it is judged medically expedient, subject to the necessary preliminary tests, to offer such vaccination in view of the known contact with tuberculosis infection. Records of B.C.G. vaccinations will be kept in such standard form as may be recommended by the Ministry and information concerning these records will be supplied to the Ministry on request.”

It has been stated officially that it is not intended that Health Authorities should provide facilities for the general or indiscriminate practice of B.C.G. vaccination of the public, but only make it available at the instance of a Chest Physician in any individual case in which he considers it desirable to offer it and who is satisfied from the necessary preliminary tests that it can suitably be given to the persons concerned. It is interesting to note the comments of one of the Chest Physicians on this matter. He says:—

“My own views are that the question of B.C.G. vaccination is still in the experimental stage, and that at present it would be unwise to express too dogmatic views with regard to its efficacy. A study of the literature shows that the results obtained have varied considerably amongst different nationalities, and I have a feeling that the unknown factor which causes this variance is the difference in the degree of endemic immunity to pulmonary tuberculosis which is found between different nations, and that consequently it would be unwise to presume too much on the results of large scale experiments which have been undertaken abroad. The Ministry of Health are at present carrying out a large survey amongst hospital staffs and medical students, with the aim of producing sufficient results to assess its value in England.

“Under these circumstances, I feel that its widespread and uncontrolled use is injudicious. On the other hand, in those cases where one has reason to believe that patients, particularly children, are exposed to undue risks of infection, and are liable to become infected with the Tuberculosis bacillus, I think that the possible benefits of B.C.G. vaccination should be offered to them.”

It is also understood that a large scale trial of B.C.G. vaccination is being carried out by the Medical Research Council.

We are, therefore, at present confining ourselves to the vaccination of “Mantoux negative” children of known cases of tuberculosis, of whom a total of 35 had been vaccinated in 1951.

Mass Radiography:

There are two Mass X-ray Units, based upon Lincoln and Cambridge, and directed by the Sheffield and East Anglian Reg-

ional Hospital Boards respectively. The former serves the whole of Lincolnshire with the exception of Stamford, South Kesteven and Bourne, which area is linked with a large region centred upon Cambridge. I have been informed that owing to the size of the populations and areas it takes some time for these units to cover their respective areas. It is understood that plans are being made to bring these units to Skealord about the end of 1952, and to Stamford and Grantham in 1953. In addition it may be possible to undertake a limited amount of work for Kesteven when these units pay periodical visits to Lincoln and Peterborough. The publicity afforded to visits of the units is by way of press notices, posters, and notice to employers of large groups of work people, and is undertaken by the staff of the Units. When the Units visit Kesteven the staffs of schools and school leavers will be encouraged to be mass X-rayed, in addition to the staffs of the Council's residential day nurseries and institutions.

There were 7 shelters on loan under the Council's scheme for open air treatment of tuberculosis patients, and 13 cases considered to be in need of extra nourishment were provided with free liquid milk.

One patient was admitted to the Papworth Village Settlement. The facilities which this Settlement offers are available for two main types of patients: (1) those for whom hospital and sanatorium treatment is indicated provided they have good prospects of improvement and recovery by rest or collapse therapy, and (2) those who have already undergone full hospital and sanatorium treatment, are in a stationary or healing stage, and are fit or will soon be fit to undertake work under sheltered conditions. The Regional Hospital Board accepts liability for maintenance up to the stage where the patient, having progressed from three hours work daily is considered fit to undertake five hours daily. Thereafter the patient who continues in residence is the responsibility of the Local Health Authority under its scheme for care and after-care.

During the year 10 patients who were being nursed at home received assistance under the County Council's Home Help Scheme, and free loan of equipment from the Medical Loan Depots was made as and when necessary.

In accordance with recommendations of the Ministry of Health and the Home Office—the former in respect of day nurseries and the latter in respect of residential nurseries—it is the Council's policy to submit all nursery staff entrants to X-ray examination, and in this connection 34 referrals were made during the year. This is a measure designed to assist in the prevention of the spread of tuberculosis infection among children; another is the annual X-ray of all staff at these institutions. The frequency of these examinations will depend upon the number of visits of mass radiography units to convenient centres in the locality. Every

endeavour will be made to take advantage of such visits as and when arranged by the Regional Hospital Boards.

It is the practice also to arrange X-ray examination of any Home Help who has to undertake duty in a household where tuberculosis is present. There were 5 instances when this was done during the year.

Mental Illness and Mental Deficiency:

Reference to the community care work undertaken amongst persons suffering from mental illness or defectiveness appears on page 31 of this Report in the section dealing with the Mental Health Services provided by the Authority.

Illness Generally:

When requested by general practitioners, hospitals or other agencies, the County Council continued to assist under their scheme patients being nursed at home or after discharge from hospital. There were no developments in this branch of the work.

During the year 6 cases were sent for short periods of stay to recuperative holiday homes under arrangements made by the County Council.

Nursing Equipment and Apparatus:

There were no changes in the Council's arrangements as outlined in previous Reports. Each District Nurse has an ample stock of the smaller items of loan equipment, while the British Red Cross Society, who staff the Medical Loan Depots on behalf of the County Council have, with the Council's assistance, continued to add to their own comprehensive stocks of articles. The following statistics for the year reflect to some extent the valuable work these Depots are undertaking.

Depot	No. of issues made	No. of individual Cases who benefited
Grantham	360	255
Stamford	161	109
Sleaford	140	90
TOTALS	661	454

Health Education:

The County Health Department's medical and nursing staff again devoted much of their time to addressing various groups of people in the County on various health topics. An annual grant is made by the County Council to the Central Council for Health Education, from whom educational and publicity material is obtained for use in the Health Services. A weekend school for School Meals workers, which proved very popular with all those who attended, was organised by the Director of Education in September. One of the sessions in which the Department's medical staff took part was devoted to kitchen hygiene and cleanliness in the handling of food and domestic utensils.

DOMESTIC HELP

There were no material changes in this Service. There has been a steady increase in the number of persons applying for help with a corresponding increase in the hours of work the Helps were called upon to undertake. The greatest demand for help continued to come from urban areas, but there has been at the same time a considerable increase in the number of cases assisted in rural localities. Experience has shown that the scheme has proved sufficiently flexible to meet this situation. One difficulty experienced in the rural areas is the recruitment of Helps. This may be due to the relative scarcity of suitable personnel and to the fact that the calls on their services may in general be infrequent, while regular work which can be had in the fields or local domestic establishments holds out greater attraction. We have in special cases had to resort to sending Helps from the town centres but this practice is uneconomical and may sometimes cause inconvenience to the Service.

The following table gives some idea of the work carried out under the Scheme during the year:—

Area	Cases assisted				Number of helps employed at 31/12/51 (all part-time)	Total Hours worked by Helps
	Maternity	T.B.	Other	Total		
Grantham	13	4	102	119	30	19,900
Sleaford	7	1	27	35	9	6,566
North Kesteven ...	14	1	23	38	3	5,441
Stamford	6	1	18	25	4	2,384
Bourne	5	3	12	20	2	2,752
TOTAL ...	45	10	182	237	48	37,043

Help was supplied in a total of 237 cases, the hours worked amounting to 37,043—whereas in the previous year the comparative figures were 181 and 20,442 respectively.

The scale of assessment which was revised in November 1950 has now been in operation a sufficient time to enable us to judge its effect. It has become increasingly apparent that the more liberal personal allowances assisted the cases of hardship which had previously declined to have the services of a Help, being unable to afford the additional cost. The revision has been particularly beneficial in cases where help has been required over a prolonged period, and it has meant there has been a considerable increase in the number of cases assisted during the year.

It is also interesting to note the increase in the number of maternity cases helped, 45 against 37 last year. The new rate of assessment called for part of the National Insurance benefit to be taken into account.

In July a conference of all the organisers and clerical assistants was held at Sleaford, with a view to suggestions being made for the development of the Service as a whole, the training of Helps, the need for an effective service for tuberculosis patients and the development of the work in the rural areas. There was a general exchange of ideas and problems, and the financial aspects of the service were discussed.

The main difficulty arising still appears to be the lack of convenient public transport due to infrequency of bus services, or where patients reside at considerable distances from a bus route.

The scheme in Grantham has become well-established. The majority of cases assisted are among the aged and infirm. The scheme fills a great need and is a means of maintaining these persons in their own homes. Otherwise, in many cases, institutional accommodation would be required.

A reasonable amount of help can be allocated to all cases referred in this district and, in addition, calls for help in the immediate rural districts are being satisfactorily attended to.

Stamford, Sleaford, Bourne and North Kesteven have also maintained steady progress. This progress has been particularly marked in the Sleaford area where there has been a substantial increase in cases assisted—35 as against 20 last year.

The Stamford Centre progresses well. Here advantage has been taken of the decision of the Council to allow a number of women to be employed on the basis of a guaranteed wage and the arrangement has met with success.

In the Bourne area the organisers have met considerable difficulty in the recruitment of suitable personnel, the chief obstacles being due to the fact that many workers in this district work on the land and also that helpers in private houses demand, and successfully obtain a higher hourly rate of pay than the scheme offers.

A similar difficulty occurs in North Kesteven, in which, being a wholly rural area, a Help is called upon at times to travel by inconvenient bus services.

MENTAL HEALTH

1. Administration:

(a) *Mental Health Services Sub-Committee.*

The constitution and meetings of the Mental Health Services Sub-Committee of the Health Committee were as detailed in my previous Reports.

(b) *Staff.*

The composition of the medical staff of the Service as described in my Report for 1950 remained the same in 1951 except that an additional Medical Officer was designated to provide certificates under Section 5 (2) of the Mental Deficiency Act, 1913. The Officer was Dr. L. D. Gardner, Psychiatrist of the Sheffield

Regional Hospital Board and Deputy Medical Superintendent of the Rauceby Mental Hospital, part of whose time had already been allocated by the Board to the Council's Child Guidance Scheme. It was Dr. Gardner's association with this Scheme, and also the fact that he was adviser on mentally defective cases, that made this arrangement desirable.

There were no changes in the non-medical staff engaged in the Service, details of which appear on page 4 of this Report.

(c) *Co-ordination.*

I am pleased to report that co-operation between officers of the Authority and the Regional Hospital Board and Hospital Management Committees continued to be satisfactory. Some difficulties have arisen, particularly in respect of the admission of mental defectives to institutions where a serious shortage of accommodation is still the most pressing problem. This matter was again the subject of representations by the County Council to the Sheffield Regional Hospital Board, as a result of which the Council were informed that subject to the necessary finances being available the Board were proposing to increase their institutional accommodation in the Lincolnshire area by an extension of the Harmston Hall Colony and ancillary premises.

(d) *Delegation of Duties.*

There was no delegation to voluntary societies of powers or duties under the Lunacy, Mental Treatment or Mental Deficiency Acts.

(e) *Training of Mental Health Workers.*

No further developments in the training of Mental Health workers (as already mentioned in my previous Reports) took place during the year.

2. Work Undertaken in The Community:

(a) *Under Section 28 of the National Health Service Act, 1946—Prevention, Care and After-Care:—*

Since the arrangement for the employment of the Regional Psychiatric Social Worker to the National Association for Mental Health terminated early in 1950, the County Council has had no trained visitor to undertake this work. The proposal for the joint appointment of an officer by the County Council and the Lincoln No. 3 Hospital Management Committee also failed to materialise. It has, however, been possible, by mutual arrangement, for a social worker appointed by the Rauceby Mental Hospital to visit those cases coming to our knowledge as in need of assistance in respect of domestic, social, or other problems. In this way it has often proved possible to render valuable help.

Towards the end of 1950 the East Anglian Regional Hospital Board invited the County Council to give their views on a suggestion that a joint user scheme be organised on the basis that Psychiatric Social Workers would be appointed by the Board and

made available to local health authorities in their area on a part-time basis. After due consideration of the matter the Board was informed that the County Council were sympathetic towards the suggestion and would appreciate further details when available. There had, however, been no further developments by the end of the year.

There were no changes in the Authority's arrangements for the domiciliary supervision of mental defectives which is undertaken by the Duly Authorised Officers.

(b) *Under the Lunacy and Mental Treatment Acts, 1890—1930:—*

Details of cases dealt with by the Duly Authorised Officers during the year ended 31st December, 1951, are as follows:—

Patients certified under the Lunacy Acts	...	...	30
Patients admitted to mental hospitals under Section 20, Lunacy Act, 1890	...	...	28
(of these, 4 were subsequently certified)			
Patients admitted for temporary treatment, under Section 5, Mental Treatment Act, 1930	...	...	2
Patients from the areas of other Local Health Authorities dealt with at mental hospitals in this Area	...	...	31

In addition, 64 persons from this Area were admitted to mental hospitals for voluntary treatment during 1951.

(c) *Under the Mental Deficiency Acts, 1913—1938:—*

- (i) Twenty-three cases were ascertained during the year, 14 of these being found to be "subject to be dealt with." Of the 23 cases ascertained, 11 were reported by the Local Education Authority, 3 were ascertained by the Duly Authorised Officers and the remainder were reported by other Authorities. The number of defectives awaiting vacancies in certified institutions at the end of the year was 32.
- (ii) There were no cases under Guardianship during the year. At the end of the year there were 122 cases under statutory supervision and 120 cases under friendly supervision.
- (iii) There are no occupation centres for mental defectives within the area. In certain cases, by mutual arrangement, instructions in handicrafts were given by the Home Teachers for the Blind.

Only 4 defectives were certified and admitted to institutions during the year. Of the 32 cases still awaiting vacancies, 4 are at present accommodated in the County Council's residential establishments.

The following table shows the number of certified and ascertained defectives within the area at the end of the year:—

	Male	Female	Total
(1) (a) in certified institutions ...	81	77	158
(b) on licence from institutions ...	7	7	14
(2) under statutory supervision ...	71	51	122
(3) under friendly supervision ...	41	51	98
(4) in residential establishments and hospitals ...	12	15	27
(5) in mental hospitals ...	8	13	21
	<hr/> 223 <hr/>	<hr/> 217 <hr/>	<hr/> 440 <hr/>

I am obliged to Mr. W. E. Vickers, Chief Authorised Officer, for the statistical information given in this section.

3. Ambulance Service:

The County Council's ambulance service is available for the transportation of cases of mental illness or defectiveness and all mental health workers, both non-medical and medical, are authorised to call out ambulances or sitting-case cars as necessary.

Where it is necessary for trained attendants to accompany patients, these are provided by arrangements with the appropriate Hospital Management Committees.

With regard to mental treatment the Authority was responsible for providing transport for 76 cases during the year. In addition 105 patients were conveyed from local mental hospitals for other forms of treatment in various general hospitals.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES

Two thousand seven hundred and ninety-four cases of infectious diseases were notified to the District Medical Officers of Health during 1951, compared with 2,465 in 1950, 1,036 in 1949, 3,384 in 1948 and 2,006 in 1947.

The Notification Rates per 1,000 total population were as follows:—

	County of Kesteven	England and Wales
Smallpox ...	0.00	0.00
Typhoid Fever ...	0.00	0.00
Para-typhoid Fever ...	0.01	0.02
Scarlet Fever ...	0.50	1.11
Diphtheria ...	0.00	0.02
Measles ...	12.36	14.07
Whooping Cough ...	6.50	3.87
Acute Pneumonia ...	1.21	0.99
Erysipelas ...	0.14	0.14
Acute Poliomyelitis (Paralytic) ...	0.05	0.03
.. .. (Non-Paralytic) ...	0.02	0.02

A Table showing the distribution, etc., of the notified cases will be found on page 51 of this Report.

Smallpox. — No cases of this disease were notified in the County; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

Para-typhoid Fever.—One case of this disease was notified during the year.

Scarlet Fever.—Sixty-seven cases were recorded, compared with 195 in 1950, and an average of 164 during the years 1944-50. The incidence was evenly distributed throughout the year. There were no fatalities.

Diphtheria. — For the first year on record no case of this dangerous disease was notified. This is a direct result of the National Anti-Diphtheria Immunisation Campaign in which Kesteven has fully participated. In order to continue this success in the fight against Diphtheria it will be necessary to maintain among children a high rate of immunisation against this disease. The average number of cases of diphtheria for the quinquennium 1946/50 was 13.

Measles.—There were 1,640 cases of this disease notified to the District Medical Officers of Health during the year and of these 437 occurred in the Borough of Grantham and 364 in the East Kesteven Rural District. The disease was chiefly prevalent in the first three months of the year when 75% of the total cases were notified. The following is a summary of the cases notified and the deaths registered during the past ten years:—

Year		Cases		Death
1942	...	352	...	—
1943	...	1,599	...	3
1944	...	44	...	—
1945	...	1,093	...	1
1946	...	111	...	—
1947	...	1,056	...	—
1948	...	2,592	...	—
1949	...	396	...	1
1950	...	1,660	...	1
1951	...	1,640	...	—

(It will be noted that Measles is usually epidemic every second year).

Whooping Cough.—There were 863 cases notified during the year compared with 376 in 1950 and of these 343 or 40% of the total occurred in the Borough of Grantham where the disease was chiefly prevalent during the first half of the year. There was one death—that of a male child under one year of age.

Pneumonia. — Only Acute Primary and Acute Influenzal Pneumonias are notifiable, and 161 cases coming within these categories were notified during 1951, compared with 93 in 1950 and 58 in 1949. Deaths from all forms of Pneumonia numbered 46—1 more than last year.

Ophthalmia Neonatorum.—One case was notified in the County during the year, but vision was left unimpaired.

Puerperal Pyrexia.—The 7 cases reported during 1951 represent a Notification Rate of 3.2 per thousand total births (live and still) as compared with a National figure of 10.66. The average number of notifications received during the previous 5 years was 10.

Dysentery.—Twenty-four cases of this disease were notified during the year and of these 11, or 46%, occurred in the Borough of Grantham.

Erysipelas.—Eighteen cases (21 in 1950) were notified in the County during the year, representing a Notification Rate of 0.14 (0.14 for England and Wales) per thousand of the total population.

TUBERCULOSIS

Details of the new cases of Tuberculosis coming to the notice of the County Health Department during the year under review, and of the deaths from this disease are as follows:—

Age Groups	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	1	—	—	—	1	—
1—4 years	2	—	4	3	—	—	2	2
5—14 „	4	—	3	3	—	1	1	—
15—24 „	17	25	2	5	1	1	—	1
25—44 „	21	23	1	3	6	3	—	—
45—64 „	11	8	—	—	5	3	1	—
65—74 „	—	1	—	—	1	—	—	—
75 and over	1	1	—	—	1	1	—	—
TOTALS ...	56	58	11	14	14	9	5	3

Institutional Treatment:

From information received from District Medical Officers of Health and the Chest Physicians of the Sheffield and East Anglian Regional Hospital Boards, a total of 150 individual patients received treatment in institutions during the year compared with 108 in 1950, 103 in 1949, 115 in 1948, and 127 in 1947—131 for respiratory or suspected respiratory tuberculosis and 19 for other forms.

				Respiratory			Non-Resp.			Grand
				M	F	Total	M	F	Total	Total
Creaton Sanatorium	...	...	...	5	1	6	—	—	—	6
Kelling Sanatorium	...	...	...	4	1	5	—	—	—	5
Bourne Isolation Hospital	...	...	...	4	6	10	—	—	—	10
Papworth Sanatorium	...	...	...	4	2	6	—	—	—	6
Branston Sanatorium	...	...	...	4	50	54	—	—	—	54
County Hospital, Lincoln	...	...	...	2	1	3	1	7	8	11
Harlow Wood Orthopaedic Hospital	...	...	...	—	—	—	2	2	4	4
Boston General Hospital	...	...	...	—	—	—	1	1	2	2
Boston Isolation Hospital	...	...	...	—	1	1	—	—	—	1
Nayland Sanatorium, Colchester	...	...	...	—	4	4	—	—	—	4
Corporation Hospital, Scartho	...	...	...	1	2	3	—	—	—	3
City Sanatorium, Lincoln	...	...	...	22	16	38	3	1	4	42
Osgodby Isolation Hospital	...	...	...	2	—	2	—	—	—	2
No. 4 Polish Hospital, Whitechurch	...	...	...	1	—	1	—	—	—	1
Peppaed Sanatorium, Henley-on-Thames	...	...	...	—	1	1	—	—	—	1
Bramblewood Sanatorium, Holt	...	...	...	—	4	4	—	—	—	4
Foxby Hill Isolation Hospital	...	...	...	11	—	11	—	—	—	11
The Brompton Hospital	...	...	...	—	1	1	—	—	—	1
Grantham and Kesteven General Hospital	...	...	...	—	—	—	—	2	2	2
Leicester Isolation Hospital	...	...	...	—	1	1	—	—	—	1
Ransome Sanatorium	...	...	...	1	—	1	—	—	—	1
Preston Hall Hospital, Maidstone	...	...	...	—	1	1	—	—	—	1
Children's Hospital, Gringley-on-the Hill	...	...	...	—	—	—	1	—	1	1
				61	92	153	8	13	21	174

NOTE.—Twenty-two respiratory and two non-respiratory cases were either transferred from one institution to another or re-admitted during the year.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (relating to persons suffering from pulmonary tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Reference is made to the services provided for the welfare of tuberculosis patients in the Section dealing with the County Council's scheme for the Prevention of Illness, Care and After-Care on Page 25.

Of the 139 new cases notified, 24 (18 respiratory and 6 non-respiratory) were included in the Supplemental Return to the Ministry of Health, 13 being transfers from other areas, and information concerning the other 11 cases was obtained from the Death Returns.

In comparison, there were 157 new cases in 1950, 131 respiratory and 26 non-respiratory, 123 in 1949 (101 and 22), 102 in 1948 (84 and 18) and 103 in 1947 (82 and 21).

The 23 deaths from respiratory tuberculosis represent a mortality rate of 0.17 per thousand of the total population—somewhat lower than the average for the previous 5 years.

The 8 deaths from other forms of tuberculosis (bones, joints, glands, etc.), were equivalent to a death rate of 0.06. Comparative information relating to the deaths from tuberculosis during the last decennium is as follows:—

		<i>Respiratory Tuberculosis:</i>		<i>Non-Resp. Tuberculosis:</i>	
		No. of Deaths	Death Rate	No. of Deaths	Death Rate
1942	...	35	0.31	10	0.09
1943	...	38	0.33	16	0.14
1944	...	36	0.32	7	0.06
1945	...	22	0.20	9	0.08
1946	...	37	0.33	10	0.09
1947	...	42	0.36	10	0.09
1948	...	32	0.27	7	0.06
1949	...	30	0.25	5	0.04
1950	...	26	0.20	5	0.04
1951	...	23	0.17	8	0.06

VENEREAL DISEASES

There were no alterations in the arrangements for the diagnosis and treatment of persons suffering from venereal diseases as given in my Annual Report for 1949.

The following table, compiled from returns submitted by the Medical Officers of treatment centres, shows the number of Kesteven patients who attended for the first time during 1951.

			Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Nottingham	...	...	—	1	8	9
Grantham	...	...	11	8	40	59
Lincoln	...	...	5	8	22	35
Totals			16	17	70	103

INSPECTION AND SUPERVISION OF FOOD

Milk and Dairies :

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949:

One hundred and seventy-five samples of pasteurised milk were taken from the four licensed pasteurising establishments in the County. One sample failed the phosphatase test, nine failed the Methylene Blue test and the remainder were satisfactory.

Tuberculosis in Milk:

Thirty-two samples of milk were taken for biological examination involving 63 herds. Two samples proved positive to Tubercle Bacilli and were reported to the Divisional Veterinary Inspector, Ministry of Agriculture and Fisheries.

I am indebted to Mr. G. A. Moore, Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries, for the following report relating to Tuberculosis milk-investigations and veterinary examinations of dairy herds.

"No reports of Tuberculous milk were received during the year.

"During the year, 1951, routine veterinary examinations were carried out on 224 non-designated herds, involving a total of 2,094 cattle. The number of cattle examined in the case of non-designated herds has decreased considerably, owing to the cessation of inspections of herds whose milk is known to be adequately heat treated before sale to consumer. These herds were formerly inspected yearly. Twice yearly inspections are still carried out on herds, the milk from which is retailed. A total of 23 accredited herd inspections were made involving 532 cattle. This figure has also decreased owing to the fact that a number of accredited herds have been granted Tuberculin Tested Licences. The health of the cattle remains generally very satisfactory.

"There has been a substantial increase during the year in the number of attested and Tuberculin Tested herds, and at the end of the year the total in Kesteven was 147 licensed T.T. herds, of which 113 were also Attested and 21 Supervised. In these herds 11,795 cattle were tested with tuberculin during the year and 82 reactors were found, a percentage of approximately '69.'"

Milk in Schools Scheme:

During the year all the 175 schools in the County were supplied with liquid milk.

The number and types of individual retailers approved together with schools supplied were as follows:—

8	(12)	Retailers licensed to sell pasteurised milk were supplying	148	(144)	schools
6		Retailers supplying pasteurised milk who are not licensed dealers supplying	7		„
8	(8)	"Tuberculin Tested" producers supplying	15	(23)	„
1		Retailer supplying "Tuberculin Tested" milk who is not a licensed dealer supplying	2		„
1	(1)	"Accredited" producer supplying	1	(1)	school
2	(6)	Producers supplying raw milk to...	2	(8)	schools
(Note: Figures in brackets relate to 1950).					

As will be seen from the above figures there was a further increase in the number of schools receiving Pasteurised or T.T. milk supplies at the end of the year. All but three schools were receiving these designated supplies.

Disease of Animals :

Cysticercus Bovis:

Enquiries have again been carried out into cases of *cysticercus bovis* found upon slaughter in animals which originated from farms in Kesteven. During the year twenty-seven cases have been investigated.

The Divisional Veterinary Inspector has also supplied the following information:—

Anthrax Order, 1938:

Three cases of Anthrax were confirmed during the year. Two cases were on premises on which the disease has occurred several times during past years and the third case originated from an outbreak outside the County.

Tuberculosis Order, 1938:

During the year, 1951, a total of 16 cases of Tuberculosis in cattle were reported and 14 animals were slaughtered under the above order.

There has been a slight decline in the number of cases reported under the Order in the County of Kesteven during 1951.

Food and Drugs Act, 1938:

The work in connection with sampling under the Act was carried out by the Weights and Measures Department, and I am indebted to Mr. E. T. Hawley, the Chief Inspector of Weights and Measures for the following information.

During the year under review, 396 samples were obtained in the Administrative County of Kesteven and the Boroughs of Grantham and Stamford and, as in former years, all the major rural and urban divisions of the County were fairly represented in this final figure (see below).

The articles sampled are listed at the end of this report, the list including most articles of common consumption. Milk bulks largely in the list of samples, for the reason that it remains one of the easiest foods to adulterate, though current statistics show a great improvement in this particular regard compared with former years. This improvement is not due to any one cause (though regular sampling is undoubtedly an important factor) but is rather the result of numerous factors tending to improve the country's milk supply, in which the Ministry and District Councils, as well as the County Council, all have important contributions to make. So far as milk is concerned, the impact of recent legislation has tended to stimulate the sale of pasteurised milk in bottles, and in most areas, whether urban or rural, where pasteurised milk is now available, the small dairyman is disappearing. Not infrequently he continues to work as an agent for a larger unit, in that he will draw his supplies of milk from the local pasteurising plant, but

more frequently he goes out of the milk-retailing business altogether. Sleaford is a good illustration of this trend, for here, two large dairies retailing only pasteurised or T.T. milk have gradually absorbed the seven other independent dairymen who served the area in 1948.

In its capacity as a "Food and Drugs Authority," the County Council is mainly concerned with the quality and nutritional value of foodstuffs and though there is a penal sanction implicit in the work, the great majority of traders take a great interest in the sampling procedure and welcome a periodic check. Generally speaking, the foods most frequently sampled are those most likely to be unsatisfactory, namely, those which lend themselves to adulteration or those manufactured products where a minimum standard is enforced by law. In the former class, milk is an obvious example, while in the latter class are articles such as ice-cream, sausages, meat products and preserves. In most cases the method of sampling is by purchase, in a manner which approximates to the ordinary transactions of everyday trading and though the work is frequently combined with other duties, the element of "unexpectedness" is rarely absent. Milk is most frequently sampled during the morning round, on all days of the week (including Sundays), but evening samples are obtained in areas where milk is sold in the evening.

228 samples of milk and 2 samples of cream were tested in the Department's laboratory and found to be genuine, while 23 samples of milk and 143 other samples were submitted to the Public Analyst at Nottingham. Sixteen of the samples submitted to the Analyst (approximately 10%) were found to be adulterated. Details of the action taken in respect of these unsatisfactory samples are set out in the Table attached (see page 54).

The very considerable number of milk samples tested in the Department's laboratory provide statistics which are a useful source of information on what may be termed the "average" sample, whether of morning's, evening's or mixed milk (see Table). It will be noted that the "average" sample is well above the standard of the Sale of Milk Regulations, 1939, which give 3.0% milk-fat and 8.5% solids other-than-fat as the figure below which milk may be presumed to be adulterated. The articles sampled during the year were:—

Almonds (ground)	3	Lard	2
Arrowroot	1	Lemonspread	1
Baking Powder	1	Lucozade	1
Beef suet (shredded) ...	1	Marmalade	2
Brawn	1	Marshmallow cream ...	1
Butter	3	Milk	251
Cake mixture	2	Mincedmeat	2
Cheese products	3	Orange curd	1
Chicken and Rabbit slices	1	Paste (fish and meat) ...	6
Chocolate products	4	Peanut butter	2
Coconut products	3	Peel (mixed)	1
Coffee and Chicory essences	5	Pepper	5
Condensed milk	3	Pineapple (crushed) ...	1
Crab (dressed)	2	Salmon (dressed)	1
Cream (fresh and synthetic)	5	Salt (iodised)	1
Custard powder	1	Sardines in oil	1
Drugs	18	Sausages	6
Fruit essences and syrups	8	Saveloy	1
Gelatine (powdered) ...	1	Soft drinks	5
Ginger (ground)	1	Spirits	2
Glacé cherries	1	Tomato products	3
Golden raising powder ...	2	Vinegar (malt)	4
Honey	1	Whipping compound ...	1
Ice cream	13	White fondant	1
Jelly and jelly crystals ...	7	Wines	3
		Total	396

The figures below reflect the high standard of the great bulk of samples obtained during the year, not only of milk but of all other foodstuffs, and provide the Kesteven housewife with the best assurance she can have that the commodities she purchases are of the quality she demands.

Localities in which samples were taken during the year:			
North Kesteven, with approximate population of	28,000	...	80 samples
South Kesteven (including Bourne U.D.C.)	20,000	...	80 "
East Kesteven (including Sleaford U.D.C.)	28,000	...	81 "
West Kesteven	18,000	...	64 "
Grantham Borough	23,000	...	45 "
Stamford Borough	11,000	...	46 "
		128,000	... 396 "

Average composition of milk samples (other than adulterated samples) tested in Department's Laboratory during 1951:

	Number tested	Average fat Content	Average solids other than fat
Morning's milk ...	137 (155)	3.47% (3.41%)	8.77% (8.80%)
Evening's milk ...	44 (59)	4.22% (4.16%)	8.85% (8.85%)
Mixed milk ...	65 (42)	3.51% (3.66%)	8.80% (8.86%)
Average of all samples tested ...	246 (256)	3.65% (3.62%)	8.79% (8.82%)

The figures in brackets are the comparable averages for 1950

SANITARY CIRCUMSTANCES

Housing:

Throughout the County good progress is being made in new housing programmes. The ever increasing building costs will be reflected in the increased rents required for new houses and it may be that if this upward trend continues those in the greatest need of accommodation will for financial reasons be unable to accept the tenancy of new houses. In order to overcome this difficulty it may become necessary to modify to some extent the present housing standards in order to reduce the cost of construction and bring new house rents within the reach of those whose need is greatest.

The problem of house repairs increases year by year. Many authorities are finding it increasingly difficult to get repairs carried out to houses under private ownership. Standard rents have not increased, yet building costs are many times greater than pre-war, and the result is that many houses are falling into disrepair and are approaching the stage when they will be unfit for habitation and beyond repair at a reasonable expense. Thus the rate of building in the programmes of the Housing Authorities is being offset by the rapid deterioration of good but old property. The time is overdue for the matter to be tackled in an energetic manner.

Rural Housing Survey:

Total No. of houses surveyed to 31.12.51:—	10,023
Classification of houses surveyed:—	
I Satisfactory in all respects	1,350
II Minor defects	786
III Requiring repair, structural alteration or improvements	4,805
IV Appropriate for reconditioning under the Housing (Rural Workers) Acts	716
V Unfit for habitation and beyond repair at a reasonable expense	2,279
Houses surveyed but not yet classified ...	88
Houses condemned but occupied under licence	21

Improvement Grants—Housing Act, 1949

Applications dealt with by R.D.C.'s (to 31.12.51)

Received	17
Approved	14
Rejected	2
Under consideration	1

Applications submitted to Regional Office of Ministry:

No. sent	14
No. approved	12
No. rejected	1
No. under consideration	1

Water Supplies and Sewerage:

In this County we are fortunate in having available within our boundary abundant supplies of pure and wholesome water; the problem here is one of distribution. Rising costs and shortage of some materials have delayed schemes of mains water supply. Undoubtedly the greatest cost is the provision of mains, for in a rural county such as this comparatively long lengths of mains are required to serve a relatively small community. Cost, therefore, has in some cases made schemes prohibitive.

These problems apply with greater force to the provision of sewers and sewage disposal works, with the result that the installation of such works is not keeping pace with the provision of main water supplies. The ultimate results are far from satisfactory because the village sewer, which was capable of dealing with the village waste water before the advent of a mains water supply, is now overloaded, and in many cases becoming a source of nuisance.

School Hygiene:

A number of the small schools in the County present problems of Hygiene and Sanitation. In some cases repairs are difficult to effect, with the result that conditions have deteriorated. In some of the village schools water for drinking and washing purposes has to be carried to the school, and in other cases adequate drainage for waste water is non-existent. As the number of children attending these schools increases the inadequate sanitary facilities available become even more of a problem. The advent of school meals, although a boon to many rural children, brings with it health and hygiene problems. Where mid-day meals are served at schools, adequate facilities are desirable for the children to be able to wash their hands before and after taking meals. Adequate supplies of hot and cold water are also essential for the proper cleansing of the equipment used in this Service.

TABLE I.—VITAL STATISTICS, 1951.

DISTRICT	Popul'n Mid-year 1951 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Stillbirths			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			C'de D'th R t	Nett Death Rate
		M	F	Total			M	F	Total	M	F	Total		M	F	Total		
Bourne ...	4,986	33	27	60	12.03	12.15	1	2	3	—	3	3	50.00	32	29	61	12.23	11.13
Grantham ...	23,390	199	178	377	16.12	16.12	6	8	14	6	3	9	23.87	126	146	272	11.63	11.16
Sleaford ...	7,204	70	53	123	17.07	16.89	—	1	1	1	1	1	8.13	63	51	114	15.82	14.55
Stamford ...	11,030	68	92	160	14.51	15.09	1	2	3	—	3	3	18.75	56	67	123	11.15	10.14
Total Urb. Dists.	46,610	370	350	720	15.45	15.60	8	13	21	7	9	16	22.22	277	293	570	12.23	11.49
East Kesteven ...	22,210	198	166	364	16.39	19.17	1	—	1	5	3	8	21.98	103	91	194	8.73	9.60
North Kesteven ...	31,330	255	248	503	16.05	17.33	2	3	5	10	5	15	29.82	182	131	313	9.99	9.79
South Kesteven ...	14,360	140	111	251	17.48	19.40	3	4	7	5	2	7	27.88	80	84	164	11.42	9.82
West Kesteven ...	18,190	175	158	333	18.31	9.95	5	3	8	8	7	15	45.04	97	92	189	10.39	9.76
Total Rur. Dists.	86,090	768	683	1451	16.85	18.70	11	10	21	28	17	45	31.01	462	398	860	9.99	9.79
Total Adminis- trative County...	132,700	1138	1033	2171	16.36	17.50	19	23	42	35	26	61	28.09	739	691	1430	10.78	10.34

TABLE III.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1951.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS								AGGREGATE OF RURAL DISTRICTS									
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES ...	M 277 F 293	7 9	2 4	4 1	2 4	11 12	25 35	76 103	99 140	28 398	3 5	4 2	19 21	25 58	74 95	112 196			
1. Tuberculosis, respiratory	M 9 F 4	—	—	—	—	3	4	1	1	5	—	—	—	1	3	1	—		
2. Tuberculosis, other ...	M 2 F 1	—	1	—	—	2	1	—	—	3	1	1	—	—	—	—	—		
3. Syphilitic disease ...	M 1 F 1	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—		
4. Diphtheria ...	M 1 F 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping Cough ...	M 1 F 1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—		
6. Meningococcal infections	M 1 F 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Acute poliomyelitis ...	M 1 F 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles ...	M 1 F 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other infective and parasitic diseases ...	M 1 F 6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
10. Malignant neoplasm, stomach	M 6 F 7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
11. Malignant neoplasm, lung	M 12 F 4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
12. Malignant neoplasm, breast	M 7 F 7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
13. Malignant neoplasm, uterus	M 20 F 17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
14. Other malignant and lymphatic neoplasms	M 1 F 3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
15. Leukaemia, aleukaemia	M 1 F 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
16. Diabetes	M 1 F 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
17. Vascular lesions of nervous system	M 27 F 52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
18. Coronary disease, angina	M 37 F 20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
19. Hypertension with heart disease	M 4 F 4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
20. Other heart disease	M 59 F 63	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
21. Other circulatory disease	M 12 F 16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
22. Influenza ...	M 3 F 4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
23. Pneumonia ...	M 12 F 25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
24. Bronchitis ...	M 18 F 18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
25. Other diseases of respiratory system	M 4 F 5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
26. Ulcer of stomach and duodenum	M 1 F 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
27. Gastritis, enteritis and diarrhoea ...	M 4 F 3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
28. Nephritis and nephrosis	M 4 F 4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
29. Hyperplasia of prostate	M 1 F 3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, childbirth, abortion	M 1 F 3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital malformations	M 1 F 18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
32. Other defined and ill-defined diseases	M 31 F 31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
33. Motor vehicle accidents	M 1 F 9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
34. All other accidents	M 4 F 5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
35. Suicide...	M 5 F 2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
36. Homicide and operations of war ...	M 1 F 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		

TABLE II.—SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1951.

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Sheaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Tuberculosis, respiratory ...	—	9	2	2	13	4	6	—	—	10	23
2. Tuberculosis, other ...	—	—	3	—	3	1	3	—	1	5	8
3. Syphilitic disease ...	—	1	—	1	2	—	—	—	—	—	2
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	1	1	1
6. Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis...	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	—	—	1	—	1	—	—	—	—	—	1
10. Malignant neoplasm, stomach ...	1	9	2	1	13	2	9	3	3	17	30
11. Malignant neoplasm, lung bronchus ...	—	11	1	4	16	2	2	1	3	8	24
12. Malignant neoplasm, breast	—	4	1	2	7	—	3	4	1	8	15
13. Malignant neoplasm, uterus	—	4	2	1	7	1	—	—	4	5	12
14. Other malignant and lymphatic neoplasms ...	4	15	9	9	37	15	22	12	16	65	102
15. Leukaemia, aleukaemia ...	—	3	—	1	4	—	1	1	—	2	6
16. Diabetes ...	2	1	1	—	4	1	1	—	1	3	7
17. Vascular lesions of nervous system ...	12	33	17	17	79	37	46	30	24	137	216
18. Coronary disease, angina ...	6	24	9	18	57	23	29	12	12	76	133
19. Hypertension with heart disease ...	—	3	3	2	8	17	14	7	3	41	49
20. Other heart disease...	15	54	28	25	122	22	65	40	55	182	304
21. Other circulatory disease ...	—	20	3	5	28	7	7	—	8	22	50
22. Influenza ...	1	1	2	3	7	3	8	4	4	19	26
23. Pneumonia ...	2	10	5	2	19	2	15	5	5	27	46
24. Bronchitis ...	9	20	5	9	43	10	12	19	6	47	90
25. Other diseases of respiratory system ...	—	3	—	1	4	3	4	2	1	10	14
26. Ulcer of stomach and duodenum ...	—	3	1	2	6	1	2	—	1	4	10
27. Gastritis, enteritis and diarrhoea ...	2	3	—	—	5	1	1	—	1	3	8
28. Nephritis and nephrosis ...	—	3	—	1	4	5	5	—	—	10	14
29. Hyperplasia of prostate ...	—	1	1	2	4	3	2	1	3	9	13
30. Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	1	1	1
31. Congenital malformations	1	3	—	—	4	1	2	2	2	7	11
32. Other defined and ill- defined diseases ...	2	27	9	11	49	25	27	13	26	91	140
33. Motor vehicle accidents ...	1	1	1	1	4	1	8	5	3	17	21
34. All other accidents ...	2	4	4	3	13	7	15	1	4	27	40
35. Suicide ...	1	2	4	—	7	—	4	2	—	6	13
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES ...	61	272	114	123	570	194	313	164	189	860	1430

TABLE IV.—BIRTH RATES, DEATH RATES AND ANALYSIS OF MORTALITY DURING 1951.

	Rates per 1000 total Popul'n		Death Rates per 1,000 total Population						Rates per 1,000 Live Births		
	Live Births	Still-Births	All Causes	Whooping Cough	Diphtheria	Tuberculosis (All forms)	Influenza	Acute Polio-myelitis (including Polio-encephalitis)	Pneumonia	Deaths under 1 year of Age	Deaths from Diarrhoea and Enteritis under 2 years
England and Wales ...	15.5	0.36	12.5	0.01	0.00	0.31	0.38	0.00	0.61	29.6	1.4
126 County Boroughs and Great Towns (including London) ...	17.3	0.45	13.4	0.01	0.00	0.37	0.36	0.01	0.65	33.9	1.6
148 Smaller Towns (Resident Popul'n 25,000-50,000 at 1931 Census) ...	16.7	0.38	12.5	0.01	0.00	0.31	0.38	0.01	0.63	27.6	1.0
London Administrative County ...	17.8	0.37	13.1	0.01	0.00	0.38	0.23	0.00	0.61	26.4	0.7
County of Kesteven ...	Crude 16.36 Nett 17.50	0.32	Crude 10.78 Nett 10.34	0.01	0.00	0.23	0.19	0.00	0.35	28.10	3.22

TABLE V.—INFANT WELFARE CENTRES, 1951.

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer		
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Total with Aver.	Infants aged 0—1	Children aged 1—5	Total
ALMA PARK— Grantham ...	First and Third Wednesday in the month	81	70	151	463	483	946 (39)	89	71	160
ANCASTER— Oddfellow's Hall ...	Fourth Thursday ...	18	6	24	72	33	105 (9)	24	10	34
BASSINGHAM— Comrades Hall ...	Second Tuesday ...	26	8	34	93	54	147 (12)	82	51	133
BILLINGBOROUGH— Foresters Hall ...	Third Tuesday... ..	44	57	101	199	251	450 (37)	109	105	214
BILLINGHAY— Church Hall ...	Second & Fourth Wednesday	52	55	107	297	301	598 (26)	107	107	214
BOURNE— The Clinic, North Rd.	First and Third Thursday	109	136	245	669	603	1272 (53)	259	218	477
BRACEBRIDGE HEATH— Village Hall ...	Fourth Thursday ...	35	58	93	177	295	472 (39)	93	108	201
BRANSTON— Methodist Chapel ...	Second Tuesday ...	33	64	97	188	358	546 (45)	124	180	304
CASTLE BYTHAM— Village Hall ...	Second Wednesday ...	14	14	28	77	68	145 (12)	37	29	66
CLAYPOLE— Village Hall ...	First Thursday... ..	31	32	63	117	163	280 (23)	9	4	13
COLSTERWORTH— Wesleyan School ...	Fourth Monday ...	41	41	82	201	235	436 (36)	44	33	77

TABLE V (Continued)—INFANT WELFARE CENTRES, 1951.

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer		
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Total with Aver.	Infants aged 0—1	Children aged 1—5	Total
CORBY— Church Room ...	Fourth Friday ...	38	58	96	128	181	309 (34)	82	79	161
EAGLE— Methodist Schoolroom ...	Second Wednesday ...	14	16	30	62	96	158 (13)	53	74	127
FOLKINGHAM— Village Hall ...	First Friday ...	26	42	68	75	127	202 (17)	49	81	130
FULBECK— Reading Room ...	Last Wednesday ...	25	23	48	117	113	230 (19)	37	26	63
GRANTHAM— 40 Westgate ...	Every Tuesday, Wednesday, and Thursday ...	420	423	843	3726	2235	5961 (39)	174	311	485
GREAT GONERBY— Memorial Hall ...	First Monday ...	16	27	43	88	135	223 (19)	34	34	68
HECKINGTON— Village Hall ...	Third Thursday ...	41	42	83	226	311	537 (45)	128	129	257
MARKET DEEPING Annexe to New Inn ...	Second and Fourth Monday ...	51	23	74	269	176	445 (20)	64	43	107
MARTIN— Wesleyan Church Schoolroom ...	Third Wednesday ...	43	51	94	194	318	512 (43)	115	149	264
METHERINGHAM— Village Hall ...	First and Third Wednesday ...	75	61	136	558	422	980 (41)	187	141	328
MORTON— Cadets' Hut ...	Third Friday ...	28	25	53	109	119	228 (19)	80	74	154
NAVENBY— Wesleyan School ...	Second Friday ...	39	47	86	117	212	329 (27)	99	120	219
NORTH HYKEHAM Wesleyan School ...	Second and Fourth Tuesday ...	61	53	114	430	295	725 (31)	153	90	243

TABLE V (Continued)—INFANT WELFARE CENTRES, 1951.

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer		
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Total with Aver.	Infants aged 0—1	Children aged 1—5	Total
ROPSLEY— Village Hall ...	Third Friday ...	23	21	44	99	117	216 (18)	14	17	31
SKELLINGTHORPE— British Legion Hall ...	Second Monday ...	24	19	43	108	107	215 (18)	83	73	156
SLEAFORD— The Clinic, Eastgate ...	Every Monday ...	192	222	414	1930	1489	3419 (70)	655	579	1234
SOUTH WITHAM— Church Hall ...	Third Wednesday ...	12	14	26	40	72	112 (9)	—	—	—
STAMFORD— The Clinic, Barnhill ...	Every Friday ...	157	123	280	1427	1135	2562 (50)	224	148	372
THURLBY— Chapel Hall ...	Second Friday ...	10	23	33	64	113	177 (15)	—	—	—
WADDINGTON— Wesleyan School ...	First and Third Tuesday ...	98	70	168	570	438	1008 (42)	150	134	284
WASHINGTON— Village Hall ...	Second Thursday ...	54	53	107	235	310	545 (45)	132	132	264
Heighington ...										

Centre at Brant Broughton closed January, 1951.

TABLE VI.—*PREMATURE INFANTS BORN DURING 1951.

	DEGREE OF PREMATURITY					WEIGHT AT BIRTH				Totals	
	Under 2 weeks	2 weeks & over	4 weeks & over	6 weeks & over	8 weeks & over	Under 3 lbs.	3 lbs. & over	4 lbs. & over	5—5½ lbs.		
(1) Born at home and nursed entirely at home :—											
(a) Died during first 24 hours	—	1	—	—	2	—	2	1	—	3	
(b) Died aged 1—7 days	1	—	—	—	—	—	—	1	—	1	
(c) Died aged 8—14 days	—	—	—	—	—	—	—	—	—	—	
(d) Died aged 15—28 days	—	—	1	—	—	—	—	1	—	1	
(e) Survived 4 weeks...	15	9	6	3	1	—	1	6	27	34	
(2) Born at home and removed to hospital :—											
(a) Died during first 24 hours	—	—	—	—	2	1	1	—	—	2	
(b) Died aged 1—7 days	—	—	—	1	1	1	—	—	1	2	
(c) Died aged 8—14 days	—	—	—	—	—	—	—	—	—	—	
(d) Died aged 15—28 days	—	—	—	—	—	—	—	—	—	—	
(e) Survived 4 weeks...	—	2	2	5	1	—	1	5	4	10	
(3) Born in Hospital or Nursing Home :—											
(a) Died during first 24 hours	—	—	1	1	1	1	1	1	—	3	
(b) Died aged 1—7 days	—	—	—	1	1	—	2	—	—	2	
(c) Died aged 8—14 days	—	—	—	—	—	—	—	—	—	—	
(d) Died aged 15—28 days	—	—	—	1	1	—	2	—	—	2	
(e) Survived 4 weeks...	22	13	11	7	4	2	3	13	39	57	
TOTALS	38	25	21	19	14	5	13	28	71	117	

*i.e., babies weighing 5½ lbs. or less at birth, irrespective of the period of gestation.

TABLE VII.—DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS DISEASES IN RURAL AND URBAN DISTRICTS, 1951.
(including Non-Civilians)

SANITARY District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Poliomyelitis			Enteric Fever	Para-Typhoid Fever	Malaria
											Paralytic	Non- Paralytic				
Bourne U.D. ...	243 (132)	14	—	81	111	30	—	—	1	6	—	—	—	—	—	—
Grantham M.B. ...	826 (344)	7	—	437	343	23	—	—	11	4	1	—	—	—	—	—
Sleaford U.D. ...	230 (71)	—	—	203	21	4	—	—	2	—	—	—	—	—	—	—
Stamford M.B. ...	115 (394)	10	—	32	33	32	—	5	2	1	—	—	—	—	—	—
Aggregate of Urban Districts ...	1414 (941)	31	—	753	508	89	—	5	16	11	1	—	—	—	—	—
E. Kesteven R.D. ...	520 (469)	4	—	364	123	23	—	—	1	1	2	—	—	1	1	1
N. Kesteven R.D. ...	232 (592)	12	—	190	10	3	—	—	7	3	4	3	—	—	—	—
S. Kesteven R.D. ...	358 (294)	17	—	197	116	24	—	2	—	2	—	—	—	—	—	—
W. Kesteven R.D. ...	270 (169)	3	—	136	106	22	1	—	—	1	—	—	—	—	—	1
Aggregate of R.D.'s ...	1380 (1524)	36	—	887	355	72	1	2	8	7	6	3	—	1	1	2
Totals for whole County ...	2794 (2465)	67 (195)	— (3)	1640 (1660)	863 (376)	161 (93)	1 (2)	7 (6)	24 (6)	18 (21)	7 (59)	3 (40)	— (1)	1 (2)	1 (1)	2 (1)

Note.—Figures in brackets relate to 1950

TABLE VIII.—COUNTY AMBULANCE SERVICE.

Analysis of removals by type of In-Patient and Summary of Out-Patients and cases discharged from Hospitals during the twelve months period ended 31st December, 1951.

STATION	AMBULANCES							TOTAL
	Out-Patients	Discharges from Hospitals	IN-PATIENTS					
			Accidents	Maternity	Infectious Disease	Mental	Other Illness	
Grantham ...	1,697	438	175	150	7	14	636	3,117
Sleaford ...	2,143	111	69	67	8	17	281	2,696
Bourne ...	1,216	37	34	23	14	7	261	1,592
Stamford ...	151	33	48	41	—	2	276	551
North Kesteven ...	1,900	100	63	94	18	8	356	2,539
TOTALS ...	7,107	719	389	375	47	48	1,810	10,495

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SITTING-CASE CARS

STATION	IN-PATIENTS						TOTAL
	Out-Patients	Discharges from Hospitals	Accidents	Maternity	Infectious Disease	Mental	
			Accidents	Maternity	Infectious Disease	Mental	
Grantham ...	3,281	744	26	27	3	9	217
Sleaford ...	1,573	113	11	7	1	9	87
Bourne ...	587	10	6	7	—	3	34
Stamford ...	1,120	45	—	—	—	2	62
North Kesteven ...	2,008	259	24	27	11	5	106
TOTALS ...	8,569	1,171	67	68	15	28	506
							4,307
							1,801
							647
							1,229
							2,440
							10,424

TABLE IX.—CLINICS.

	Dental	ORTHOPAEDIC	OPHTHALMIC*	E.N.T.*	RHEUMATISM AND HEART*
BEACONFIELD, GRANTHAM ...	Service temporarily restricted	Mon., 9 a.m.—12 noon. Wed., 9 a.m.—5 p.m. Fri., 9 a.m.—5 p.m. Sat., 9 a.m.—12 noon	1st & 3rd Fri. each month, 10 a.m.—1 p.m.	Last Friday each month—11 a.m. to noon	As and when required
BARNHILL HOUSE, STAMFORD ...	Cases seen by appointment only	Tues., 2—4.30 p.m. Tues., 10 a.m.—12 noon	1st & 3rd Thurs. ea. month, 2—4 p.m. 2nd & 4th Thurs. ea. month, 2—4 p.m.	—	—
NORTH STREET BOURNE ...		Mon., 2—4.30 p.m. Thursday, 9.30 a.m.—4.30 p.m.	2nd Tuesday each month 3—5.30 p.m.	1st Fri., each month 11 a.m.—1 p.m.	As and when required
LAFFORD HOUSE SLEAFORD ...		—	—	—	3rd Tues. each month 10 a.m.—12 noon
30 LINDUM ROAD LINCOLN...					
	<i>Surgeon attends as required</i>				
	<i>* under arrangements with the Regional Hospital Boards</i>				

TABLE X.—ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938,
IN CASES OF UNSATISFACTORY SAMPLES, 1951.

No. of Sample	Article	Report of Public Analyst	Action Taken
166	Ice Cream	72% deficient in fat.	Producer-Vendor fined £5.
172	Ice Cream	30% deficient in fat.	Producer-vendor cautioned.
240 242 244 245 246	Milk	Deficient in milk-solids.	Appeal samples taken at the farm showed that this deficiency was due to natural causes. Producer advised by K.A.E.C.
286 287 307	Milk	Added water up to 7%.	Cautioned in writing by the Clerk of the County Council.
317 321	Milk	Deficient in milk-fat.	Producer - vendor cautioned, and advised as to future methods by K.A.E.C.
335	Milk	Channel Island milk deficient in solids other-than-fat.	Found on investigation to be due to natural causes.
360	Milk	Contained 16% of added water.	Producer-Vendor fined £5.
370	Pork Sausages	28.6% deficient in meat (contained 36.1% instead of the legal minimum of 65%).	The vendor, who was also the maker of these sausages, was fined £5.
385	Pork Sausages	8% deficient in meat.	No action taken

WKM
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LEAFORD AND BOURNE

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